

Credit Card Authorization

I, hereby authorize CAPS, LTD, Calvert Auto, Top Hat Party Design, to charge my credit card account for products or services as provided. Copies of all credit card transaction receipts will be provided.

Event Date: _____
Name: _____
Street: _____
City: _____
Zip Code: _____ **Telephone ()** _____
Email: _____ **Fax Number:** _____

Credit Card: () Visa () Master Card **Expiration Date:** _____
Name On Credit Card: _____
Credit Card Number: _____
CVV2 or CVC2 Code _____

Credit Card Billing Address (if different from above)
Street: _____
City: _____
Zip Code: _____ **Telephone:** _____
Fax Credit Card Transaction Receipt to Fax Number () _____

Card Holder Signature: _____
Card Holder's Email: _____

If you have any questions:

Please contact Accounts Receivable at: 410-535-3848